

Docket No. 1210/69014-A/GJG/BJAIN THE UNITED STATES PATENT AND TRADEMARK OFFICEApplicant(s) : Kiran K. Chada et al.Serial No. : 10/630,423 Examiner: G. ChandraFiled : July 29, 2003 Group Art Unit: 1646For : A METHOD OF IDENTIFYING ADIPOCYTE SPECIFIC GENES, THEGENES IDENTIFIED, AND THEIR USES

Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Date: March 3, 2009

Sir:

Transmitted herewith is an amendment to the above-identified application.

X Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

 A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

 No additional fee is required.

The filing fee is calculated as follows:

	Number after Amend-ment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE			FEE	
				Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	39 -	* 40 =	*** 0 X	\$26	\$52	=	0	
Indepen- -dent Claims	4 -	** 5 =	*** 0 X	\$110	\$220	=	0	
Multiple Dependent Claim(s) Presented For First Time Yes <u>X</u> No				\$195	\$390	=	0	
				TOTAL ADDITIONAL FEE			\$ 0	

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

Applicant(s): Kiran K. Chada et al.

Serial No. : 10/630,423

Filed : July 29, 2003

Amendment Transmittal Letter

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The following are also enclosed:

☐ One additional copy of this Amendment Transmittal Letter

☒ Return Receipt Postcard

☐ An Information Disclosure Statement, including Form PTO-1449

(Copies of citations included: Yes ☐ No ☐

and a fee of \$ included)

☒ A Petition for an Extension of Time, including a fee of
\$ 555.00 for a Petition for 3 Month(s) Extension of Time

☐ Other (identify): _____

THE TOTAL FEE DUE IS \$ 555.00.

☒ A check in the amount of \$ 555.00 is enclosed.

☐ Please charge Deposit Account No. _____ in the amount of
\$ _____.

☒ The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:

☒ Fees under 37 C.F.R. §1.16 for the presentation of extra claims
☒ Patent application processing fees under 37 C.F.R. §1.17

Respectfully submitted,

I hereby certify that this
correspondence is being deposited this
date with the U.S. Postal Service with
sufficient postage as first class mail
in an envelope addressed to:

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450.

Gary J. Gershtik
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Date

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